

# Aboriginal Housing Office – Leading Community Demonstration Site 2024

## Form Preview

### Program Guidelines

\* indicates a required field

#### About the Aboriginal Housing Office

##### **Who we are:**

The Aboriginal Housing Office (AHO) is a statutory body established under the [Aboriginal Housing Act 1998 \(NSW\)](#) to ensure that Aboriginal and Torres Strait Islander people have access to affordable, quality housing.

The AHO is governed by an all-Aboriginal Board, which provides advice to the Minister for Housing in NSW. In addition, the AHO manages and coordinates an annual capital works program, along with developing and implementing financial and resourcing strategies.

It is the AHO's Vision to ensure every Aboriginal person in NSW has equal access to, and choice in, affordable housing. The AHO achieves this vision by ensuring they continue to provide support to a sustainable housing sector through accessible, culturally appropriate and affordable housing solutions for the Aboriginal people of NSW.

In line with this Vision, the AHO is pleased to offer this funding grant opportunity to the Aboriginal housing sector of New South Wales.

#### What is a Leading Community Demonstration Site (LCDS)?

The Leading Community Demonstration Site (LCDS) will deliver a new service model for Aboriginal families who may need support to resolve their housing needs, whilst addressing at least one other social issue nominated by the community.

The LCDS will run for 3 years, with the first being a setup year will be funded up to \$250K and additional \$150K each year for the following two years.

One of the reasons for delivering the LCDS is to gather more evidence about the benefit of co-designing Aboriginal services for Aboriginal families and community.

It will be an Aboriginal led co-designed by the community, AHO and other Aboriginal services, Government and non-government organisation partners.

For now, there will be one site which will be funding for three years.

#### Eligibility Criteria

To be eligible for the LCDS 2024 funding grant, the following criteria must be met:

- The Applicant must be located in New South Wales
- The Applicant must be an Aboriginal Organisation as defined in [NSW Aboriginal Procurement Policy](#).
  - An Aboriginal business is one that has at least 50% Aboriginal ownership and that is recognised through an appropriate organisation.
    - Supply Nation
    - NSW Indigenous Chamber of Commerce, or

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- Office of the Registrar of Indigenous Corporations.
  - Or registered by the Aboriginal Housing Office NSW as an Aboriginal Community Housing Provider or Aboriginal Community Housing Organisation
  - Other
- The applicant must be able to provide evidence that your organisation has worked with in the past or is currently working with local stakeholders to support the Aboriginal Communities in the proposed project location.

## Instructions for Applicants

Before completing this application form, you should have read the program guidelines. Incomplete applications and / or applications received after the closing date will not be considered.

### Application Number

This field is read only.

The identification number or code for this submission.

## Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

## Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

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### Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

### Eligibility Confirmation

**Please declare this application meets the Program eligibility criteria:**

- It has been prepared by and is being submitted by an eligible applicant
- Project applications are specific to applicants located in NSW
- Approved activities / projects can only commence after executing a Funding Deed
- Applicants will notify the AHO if grant funding is secured from another source

**I can confirm the applicant and project is eligible according to the criteria outlined in the Program Guidelines \***

- Yes  
 No

### Applicant Details

\* indicates a required field

#### Organisation Details

**Organisation Name \***

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Organisation ABN \***

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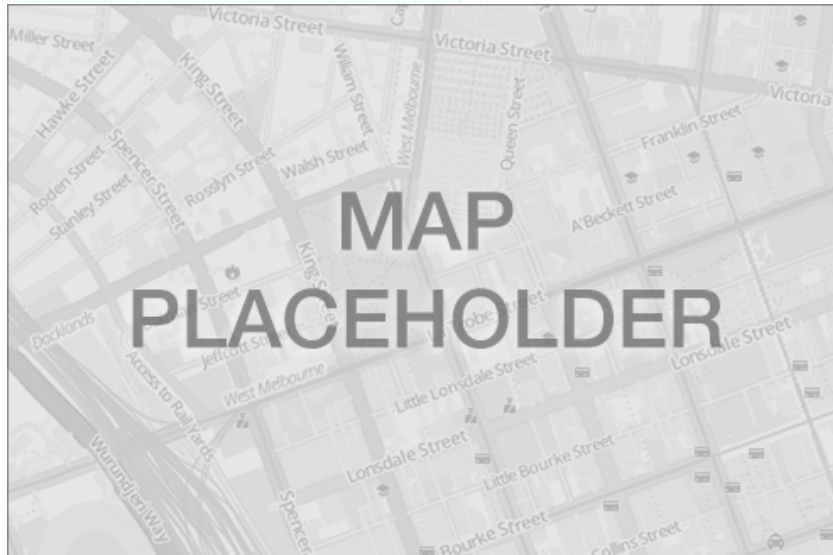
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Office Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia and must be located in New South Wales

### Postal Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

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### Office Phone Number \*

Must be an Australian phone number.

### Office Email Address \*

Must be an email address.

### Applicant Website

Must be a URL.

## Primary Contact Details

### Primary Contact \*

First Name

Last Name

This is the person we will correspond with about this grant

### Primary Contact Position \*

### Primary Contact Phone Number \*

Must be an Australian phone number.

### Primary Contact Email \*

Must be an email address.

## Secondary Contact Details

### Secondary Contact \*

First Name

Last Name

This is the person we will contact if Primary is unavailable

### Secondary Contact Position \*

### Secondary Contact Phone Number \*

Must be an Australian phone number.

### Secondary Contact Email \*

Must be an email address.

## Organisation Overview

\* indicates a required field

**Briefly provide an overview of your organisation and what you do. \***

Word count:

Must be no more than 500 words.

**Please attach your latest Annual Report or Business Plan**

Attach a file:

If available

## Mandatory Criteria

\* indicates a required field

### Mandatory Criteria

Applicants must provide responses and evidence to meet the following mandatory criteria:

**The applicants organisation is located in NSW.**

- Yes
- No

The applicants organisation must be in NSW, as determined by organisations address provided.

**The applicant must be an Aboriginal Organisation as defined in NSW Aboriginal Procurement Policy. Please select the appropriate organisation(s) that recognises your Aboriginal ownership below: \***

- Supply Nation
- NSW Indigenous Chamber of Commerce
- Office of the Registrar of Indigenous Corporations
- Registered by the Aboriginal Housing Office NSW as an Aboriginal Community Housing Provider
- Other:

An Aboriginal business is one that has at least 50% Aboriginal ownership and that is recognised through an appropriate organisation.

**Please provide evidence that you are an Aboriginal business. \***

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Word count:

Must be no more than 100 words.

\*

Attach a file:

Please attach evidence that you are an Aboriginal business

**The applicant must have worked with in the past or is currently working with local stakeholders to support the Aboriginal communities in the proposed location. \***

Yes

No

**The applicant must be able to provide evidence that your organisation has worked with in the past or is currently working with local stakeholders to support the Aboriginal Communities in the proposed project location. Evidence can include project information completed in the nominated location, community cohorts engaged or from partners or stakeholders. \***

Word count:

Must be no more than 250 words.

**Please provide evidence that your organisation meets these criteria?**

Attach a file:

Evidence may include support letters

## The Initiative

\* indicates a required field

### The Initiative

Initiatives must address primarily a housing need for local Aboriginal communities and must address an additional community social need/s.

**Clearly define the Aboriginal housing need to be addressed with local communities by the initiative. \***

Word count:

Must be no more than 250 words.

**Clearly define the secondary Aboriginal social need/s to be addressed with local communities by the initiative. \***

Word count:

Must be no more than 250 words.

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**Please explain how you have identified this need. \***

Word count:

Must be no more than 500 words.

**Provide evidence i.e., surveys, workshops, community meetings or other data.**

Attach a file:

## Codesign

Codesign is an essential element of Local Community Demonstration Site initiative.

**Please provide details of the local stakeholders/partners that will be involved in codesigning the initiative, their role, and how long you have worked together. \***

Word count:

Must be no more than 250 words.

**Evidence of their support for the initiative.**

Attach a file:

Support letters can be attached

**How does your initiative include the opportunity to co-design solutions with local community stakeholders and partner organisations to address these needs? \***

Word count:

Must be no more than 250 words.

## AHO's Strong Families, Strong Communities (SFSC)

**Please identify which of the AHO's Strong Families, Strong Communities (SFSC) four pillars, your initiative supports? \***

- Housing Solutions
- Client Outcomes
- Growing the Sector
- Data and Evidence

At least 1 choice must be selected.

## Dwellings and Other Buildings

**Does your initiative include the need for a dwelling/s or other buildings? \***

- Yes
- No



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**Do you have a dwelling / building available for this initiative \***

- Yes
- No

**Please provide the dwelling / building location address/es \***

Word count:

Must be no more than 100 words.

**Please confirm the dwelling / building location and specifications required for the initiative. \***

## Measurements of Success and Supporting Data

\* indicates a required field

Goal(s)

**What is the goal(s) your organisation has set with this initiative at the commencement, during and after the completion of your initiative? \***

Word count:

Must be no more than 500 words.

**Any evidence to support?**

Attach a file:

## Success and Expected Benefits

What does success of your initiative look like and what are the expected benefits?

**What does success look like in addressing the community needs identified? \***

Word count:

Must be no more than 250 words.

**What are the expected benefits for Aboriginal housing, community, and social outcomes \***

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Word count:

Must be no more than 250 words.

**How will you measure success, collect data and report against these goals and benefits? \***

Word count:

Must be no more than 500 words.

**Any evidence to support?**

Attach a file:

## Capacity and Service Delivery

\* indicates a required field

### Resources Required

**Outline the number of and title of roles (people resources) required for this initiative and their capability and capacity to deliver the initiative? \***

Word count:

Must be no more than 500 words.

Your response should consider providing the qualifications of your nominated resources, availability, locations, roles, responsibilities, and time allocated to work on the initiative. Also include partner organisations information.

**Evidence to support?**

Attach a file:

### Previous Experience

**Outline the experience of your organisation in the delivery of similar initiatives, including in the location of the proposed initiative, including lessons learnt which will be applied to this initiative? \***

Word count:

Must be no more than 500 words.

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Your response should include evidence of other community initiatives your organisation has delivered

### Evidence to support

Attach a file:

Your response should include evidence of other community initiatives your organisation has delivered

## Budget

\* indicates a required field

### Budget Breakdown

Provide a detailed cost breakdown of your initiative for each year in the table below:

Year	Cost Item	Description	\$

### Budget Total

The LCDS will run for 3 years, with the first being a setup year will be funded up to \$250K and additional \$150K each year for the following two years, for a **TOTAL OF \$550,000.00**

### Total Expenditure Amount \*

This number/amount is calculated.

### Evidence to support costs

Attach a file:

i.e. Third party quotes

### Sustainable Initiative

**Provide details of how this initiative will be sustained post the three years of AHO funding? (Noting that providing effective solutions to sustain the investment in LCDS projects is an important assessment criteria). \***

Word count:

Must be no more than 500 words.

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### Evidence to support?

Attach a file:

## Risk and Mitigation

### Risk and Mitigation

In consideration of your initiative, please nominate a minimum of five risks and what mitigation strategies you will implement to address the risk in the table below.

Please consider all risks to your project for example - financial, resourcing, project delivery, sustainability of the initiative, or external risks and how you plan to address them.

Risk	Description	Likelihood	Mitigation Strategy

## Declaration

\* indicates a required field

### Authorised Individual

By signing this form, the Applicant acknowledges that the information and responses provided within the Application are true representations and factual statements. The applicant also confirms they are authorised representatives of the organisation.

#### Authorised Individual \*

First Name

Last Name

#### Position of Authorised \*

#### Authorised Email address \*

Must be an email address.

## Declaration of Information

**By ticking this box, you confirm that the information you have provided is true and correct. \***

Yes

\*AHO may be reaching out to you for further information about your application. Providing false information will lead to the application being deemed ineligible.

